

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 01/02/04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213, 99212, 99211, 97112, 97530, 97110, and L0500 on dates of service 09/11/03 through 10/24/03. The respondent denied payment for the office visits based on “G- The procedure code has been rebundled to a more comprehensive code that more accurately describes the entire procedure performed “.

II. RATIONALE

Requestors’ position statement dated 12/26/03 states in part “Our position was clearly outlined in the reconsideration request to the carrier dated 11/24/03. Our company does not bill any global activity. Each charge is a stand, alone activity”.

The respondent did not submit a position statement.

- CPT code 99213 on dates of service 09/11/03, 09/12/03, 09/15/03, 09/17/03, 09/19/03, 09/22/03, 09/26/03, 09/29/03, 10/01/03, 10/03/03, 10/10/03, 10/13/03, 10/20/03, and 10/24/03. The respondent denied payment for the office visits based on “G- The procedure code has been rebundled to a more comprehensive code that more accurately describes the entire procedure performed”. The respondent did not state which code would more accurately describe the entire procedure, therefore the service will be reviewed per 134.202. Reimbursement in the amount of \$926.66 $[(\$52.95 \times 125\%) \times 14 \text{ dates of service}]$ is recommended.
- CPT code 99211 on date of service 09/24/02. The respondent denied payment for the office visits based on “G- The procedure code has been rebundled to a more comprehensive code that more accurately describes the entire procedure performed”. The respondent did not state which code would more accurately describe the entire procedure, therefore the service will be reviewed per 134.202. Reimbursement in the amount of \$26.94 $(\$21.55 \times 125\%)$ is recommended.
- CPT code 99212 on dates of service 10/08/03 and 10/22/03. The respondent denied payment for the office visits based on “G- The procedure code has been rebundled to a more comprehensive code that more accurately describes the entire procedure performed”. The respondent did not state which code would more accurately describe the entire procedure, therefore the service will be reviewed per 134.202. Reimbursement in the amount of \$94.46 $[(\$37.78 \times 125\%) \times 2 \text{ dates of service}]$ is recommended.

- CPT codes 99212, 97112, 97530, 97110, and L0500 on date of service 10/15/03. The requestor did not submit reconsideration medical bills as required by 133.307 (e)(2). Reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$1,048.06**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1,048.06** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 3rd day of September 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc